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| United States Bankruptcy (Northern District of Illinoi | | | | | | | | | Volu | ıntary | Petition | | |
|---|---|---|--|---|---|---|-------------------------------------|--|---|--|--|-----------------------------------|---|
| Name of Do | • | ividual, ento | er Last, Firs | t, Middle): | | | Name | of Joint De | ebtor (Spouse | e) (Last, First | t, Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | used by the maiden, and | | | years | | | |
| Last four dig | one, state all) | | vidual-Taxp | ayer I.D. (| (ITIN) No./ | Complete E | | our digits o | | r Individual- | Taxpayer I.D | . (ITIN) No | o./Complete EIN |
| Street Addre | ess of Debto | | Street, City, | and State) |): | ZIP Code | | Address of | f Joint Debtor | (No. and St | reet, City, an | d State): | ZIP Code |
| Country of D | | - f d- Doin | -:1 Dl | . f. D | | 60628 | Cove | r of Davids | ence or of the | Duin aim al Di | and of Dusin | | |
| County of R Cook | tesidence of | of the Princ | cipai Piace (| or Busines | s: | | Coun | y of Reside | ence or or the | Principal Pi | ace of Busine | ess: | |
| Mailing Add | dress of Del | otor (if diffe | rent from st | reet addres | ss): | | Maili | ng Address | of Joint Debt | tor (if differe | ent from stree | t address): | |
| | | | | | Г | ZIP Code | : | | | | | | ZIP Code |
| Location of (if different | | | | r | | | | | | | | | 1 |
| ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | | ☐ Sing in 1 ☐ Rail ☐ Stoo | (Check lth Care Bugle Asset Ro 1 U.S.C. § | eal Estate as 101 (51B) | | Chapt Chapt Chapt Chapt Chapt Chapt | the 1 der 7 der 9 der 11 der 12 | Petition is F | ptcy Code U iled (Check of hapter 15 Per f a Foreign M hapter 15 Per f a Foreign N | one box) tition for R Iain Procee tition for R | ecognition eding ecognition | |
| | | | ☐ Clearing Bank ☐ Other Tax-Exempt Entity (Check box, if applicable) ☐ Debtor is a tax-exempt organiz under Title 26 of the United Str. Code (the Internal Revenue Co | | | e) anization d States | defined "incurr | are primarily co d in 11 U.S.C. § red by an indivi onal, family, or | (Checonsumer debts § 101(8) as idual primarily | y for | | are primarily | |
| is unable | ee to be paid gned applice to pay fee ee waiver re | ched d in installmation for the except in inequested (ap | e court's con estallments. | able to inc sideration Rule 1006 chapter 7 i | certifying t (b). See Offi ndividuals | that the debi icial Form 3A only). Must | tor Check | Debtor is a if: Debtor's a to insiders all applica | a small busin not a small b aggregate not s or affiliates) | usiness debt ncontingent l) are less tha | s defined in 1 or as defined liquidated del n \$2,190,000 | in 11 U.S. | 101(51D). C. § 101(51D). ing debts owed |
| | | | | | | | | Acceptan | ces of the pla creditors, in | n were solic | ited prepetition with 11 U.S.C | C. § 1126(b | 0). |
| ■ Debtor e | estimates the | at funds will at, after any | be available exempt pro | perty is ex | cluded and | administrat | | es paid, | | THIS | S SPACE IS FO | OR COURT | USE ONLY |
| Estimated N | | | for distribu | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | - | | | |
| Estimated A \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,00 to \$500 million | \$500,000,001 to \$1 billion | | | | | |
| Estimated L \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 | \$1,000,001 to \$10 | \$10,000,001 to \$50 | \$50,000,001 to \$100 | \$100,000,000 to \$500 | \$500,000,001 to \$1 billion | | | | | |

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| B1 (Official For | m 1)(1/08) | Page 2 01 51 | Page 2 |
|---|--|---|---|
| Voluntar | y Petition | Name of Debtor(s): Rice, Terri | |
| (This page mu | st be completed and filed in every case) | Nice, rem | |
| 1 0 | All Prior Bankruptcy Cases Filed Within Last | t 8 Years (If more than two, attach a | additional sheet) |
| Location Where Filed: | - None - | Case Number: | Date Filed: |
| Location Where Filed: | | Case Number: | Date Filed: |
| Pe | nding Bankruptcy Case Filed by any Spouse, Partner, or | Affiliate of this Debtor (If more than | an one, attach additional sheet) |
| Name of Debt - None - | or: | Case Number: | Date Filed: |
| District: | | Relationship: | Judge: |
| | Exhibit A | | xhibit B al whose debts are primarily consumer debts.) |
| forms 10K a pursuant to S and is reques | oleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 string relief under chapter 11.) A is attached and made a part of this petition. | I, the attorney for the petitioner name have informed the petitioner that [he 12, or 13 of title 11, United States Co | ed in the foregoing petition, declare that I or she] may proceed under chapter 7, 11, ode, and have explained the relief available rtify that I delivered to the debtor the notice March 9, 2009 |
| _ Lamon | 17 is unuested and made a part of any peditor. | Signature of Attorney for Debtor(Robert J Semrad 622645 | (S) (Date) |
| | Exh | <u>l</u> ibit C | |
| | or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition. | pose a threat of imminent and identifiab | le harm to public health or safety? |
| | Exh | ibit D | |
| _ | leted by every individual debtor. If a joint petition is filed, ea D completed and signed by the debtor is attached and made nt petition: | • | a separate Exhibit D.) |
| ☐ Exhibit | D also completed and signed by the joint debtor is attached a | and made a part of this petition. | |
| | Information Regardin | g the Debtor - Venue | |
| _ | (Check any ap | - | |
| | Debtor has been domiciled or has had a residence, principal days immediately preceding the date of this petition or for | | |
| | There is a bankruptcy case concerning debtor's affiliate, go | eneral partner, or partnership pending | g in this District. |
| | Debtor is a debtor in a foreign proceeding and has its prince this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District. | in the United States but is a defend | ant in an action or |
| | Certification by a Debtor Who Reside | | erty |
| | (Check all app Landlord has a judgment against the debtor for possession | | d, complete the following.) |
| | (Name of landlord that obtained judgment) | | |
| | (rante or landord that occurred judgment) | | |
| | | | |
| | | | |
| | (Address of landlord) | | |
| | Debtor claims that under applicable nonbankruptcy law, th | ere are circumstances under which | the debtor would be permitted to cure |
| | the entire monetary default that gave rise to the judgment to Debtor has included in this petition the deposit with the co | for possession, after the judgment fo | r possession was entered, and |
| | after the filing of the petition. Debtor certifies that he/she has served the Landlord with the | his certification. (11 U.S.C. § 362(1)) |). |

B1 (Official Form 1)(1/08)

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Terri Rice

Signature of Debtor Terri Rice

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

March 9, 2009

Date

Signature of Attorney*

X /s/ Robert J Semrad

Signature of Attorney for Debtor(s)

Robert J Semrad 6226455

Printed Name of Attorney for Debtor(s)

Robert J. Semrad and Associates

Firm Name

407 S Dearborn Suite 600 Chicago, IL 60605

Address

Email: rsemrad@robertjsemrad.com (312) 913 0625 Fax: (312) 913 0631

Telephone Number

March 9, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Rice, Terri

| ign | atn | res |
|-----|-----|-----|
| -5 | uıu | ICB |

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 \mathbf{X}

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D(Official Form 1, Exhibit D) (12/08)

United States Bankruptcy Court Northern District of Illinois

| In re | Terri Rice | | Case No. | |
|-------|------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| B 1D(Official Form 1, Exhibit D) (12/08) - Cont. |
|---|
| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable |
| statement.] [Must be accompanied by a motion for determination by the court.] |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to |
| financial responsibilities.); |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
| through the Internet.); |
| ☐ Active military duty in a military combat zone. |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling |
| requirement of 11 U.S.C. § 109(h) does not apply in this district. |
| I certify under penalty of perjury that the information provided above is true and correct. |
| Signature of Debtor: /s/ Terri Rice |
| Terri Rice |
| Date: March 9, 2009 |

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Terri Rice | | Case No. | | |
|-------|------------|--------|----------|---|--|
| _ | | Debtor | | | |
| | | | Chapter | 7 | |
| | | | | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 1,800.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 1,194.65 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 12 | | 42,642.37 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | 2,101.16 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | 2,210.00 |
| Total Number of Sheets of ALL Schedu | ules | 24 | | | |
| | T | otal Assets | 1,800.00 | | |
| | | | Total Liabilities | 43,837.02 | |

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Terri Rice | | Case No. | | |
|-------|------------|--------|----------|---|--|
| _ | | Debtor | , | | |
| | | | Chapter | 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 1,194.65 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 6,951.12 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 8,145.77 |

State the following:

| Average Income (from Schedule I, Line 16) | 2,101.16 |
|--|----------|
| Average Expenses (from Schedule J, Line 18) | 2,210.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 2,522.16 |

State the following:

| | | _ |
|--|----------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 1,194.65 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 42,642.37 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 42,642.37 |

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B6A (Official Form 6A) (12/07)

| In re | Terri Rice | Case No. |
|-------|------------|----------|
| - | | Debtor |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

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B6B (Official Form 6B) (12/07)

| In re | Terri Rice | Case No |
|-------|------------|---------|
| - | | Debtor |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of E E | Joint, or | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|--|-----------|--|
| 1. | Cash on hand | X | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | checking - chase | - | 0.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | security - landlord | - | 700.00 |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | furniture | - | 600.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | x | | |
| 6. | Wearing apparel. | clothes | - | 500.00 |
| 7. | Furs and jewelry. | X | | |
| 8. | Firearms and sports, photographic, and other hobby equipment. | x | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | |
| 10. | Annuities. Itemize and name each issuer. | x | | |
| | | | | |
| | | | Sub-Tot | al > 1,800.00 |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| | | | Debtor | | |
|-----|---|------------------|--|---|---|
| | ; | SCHEDU | ULE B - PERSONAL PROPER (Continuation Sheet) | ГҮ | |
| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | x | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | | Sub-Tota of this page) | al > 0.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | Terri Rice | Case No |
|-------|------------|----------|
| - | | Debtor , |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | x | | | |
| 33. | Farming equipment and implements. | x | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | tax return aı | nticipated | - | 0.00 |

Sub-Total > 0.00 (Total of this page) 1,800.00

Total >

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (12/07)

| In re | Terri Rice | Case No | |
|-------|------------|---------|--|
| _ | | Debtor | |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: (Check one box) | ☐ Check if debtor claims a homestead exemption that exceeds \$136.875. |
|---|--|
| ☐ 11 U.S.C. §522(b)(2) ■ 11 U.S.C. §522(b)(3) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption | |
|--|---|----------------------------------|---|--|
| Security Deposits with Utilities, Landlords, security - landlord | and Others 735 ILCS 5/12-1001(b) | 700.00 | 700.00 | |
| Household Goods and Furnishings furniture | 735 ILCS 5/12-1001(b) | 600.00 | 600.00 | |
| Wearing Apparel clothes | 735 ILCS 5/12-1001(a) | 500.00 | 500.00 | |

Total: 1,800.00 1,800.00

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B6D (Official Form 6D) (12/07)

| In re | Terri Rice | Case No. |
|-------|------------|----------|
| | | Debtor , |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| | _ | | | | | | | |
|--|----------|------------------------|--|----------|--------------|-----------------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | COXF | UNLIQUIDATED | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. | | | | Т | T E | | | |
| | | | | | D | | | |
| | | | Value \$ | | | | | |
| A AN | | | value \$ | H | | H | | |
| Account No. | | | | | | | | |
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| | | | | | | | | |
| | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
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| | | | Value \$ | \dashv | | Н | | |
| Account No. | | | | | | | | |
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| | | | | | | | | |
| | | | Value \$ | | | | | |
| • | | | S | ubto | ota | 1 | | |
| continuation sheets attached | | | (Total of th | nis p | ag | ge) | | |
| | | | | - | ota | ł | 0.00 | 0.00 |
| | | | (Report on Summary of Sc | | | - 1 | 0.00 | 0.00 |
| | | | (2.5 port on building of be | | | ~/ [| | |

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B6E (Official Form 6E) (12/07)

| • | | |
|-------|------------|-------------|
| In re | Terri Rice | Case No |
| - | | , Debtor |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do

| so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardi Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the approp schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, |
|---|
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| ☐ Domestic support obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ■ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |
| |

^{*} Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (12/07) - Cont.

| In re | Terri Rice | Case No. | |
|-------|------------|----------|--|
| _ | | Debtor | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR NL QU L DATED ONTINGENT SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) 2005 Account No. CP 521 back taxes 0.00 **Centralized Insolvency Operations** PO Box 21126 Philadelphia, PA 19114 268.39 268.39 Account No. CP 521 2006 back taxes **IRS** 0.00 **Centralized Insolvency Operations** PO Box 21126 Philadelphia, PA 19114 926.26 926.26 Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 1,194.65 1,194.65 0.00 (Report on Summary of Schedules) 1,194.65 1,194.65

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B6F (Official Form 6F) (12/07)

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| | | Debtor , | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Check this box if debtor has no creditors holding unsecure | uc | ıaııı | is to report on this schedule F. | | | | |
|--|----------|-----------|---|-----------|------------|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLIQUIDAT | S P U T F | AMOUNT OF CLAIM |
| Account No. xxxxxx0025 | | | Opened 7/01/05 CollectionAttorney At T Mobility | 7 7 | TED | | |
| Afni, Inc. Attn: DP Recovery Support Po Box 3427 Bloomington, IL 61702 | | - | CollectionAttorney At 1 Mobility | | D | | 1,253.00 |
| Account No. xx9040 | | | Opened 9/01/02 | | | | |
| American Collections 919 Estes Ct Schaumburg, IL 60193 | | - | CollectionAttorney Tcf National Bank II | | | | 183.00 |
| Account No. | | | medical | | | | |
| Blue Cross and Blue Sheid of Illino c/o Healthcare Recoveries Louisville, KY 40233 | | - | | | | | 1,908.77 |
| Account No. xxx8122 | | | Opened 12/01/04 | | | | |
| Calvary Portfolio Services Attention: Bankruptcy Department Po Box 1017 Hawthorne, NY 10532 | | - | CollectionAttorney Sprint Pcs | | | | 726.00 |
| | | | (Total of | Subt | | | 4,070.77 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| | С | н | sband, Wife, Joint, or Community | С | 11 | D | Γ |
|---|----------|------------------|---|-----------|--------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | OZL-QU-DAFED | SPUTED | AMOUNT OF CLAIM |
| Account No. CxxxxxCx9971 Cda/pontiac Attn: Bankruptcy Po Box 213 Sreator, IL 61364 | | - | Opened 5/01/06 CollectionAttorney Emergency Medical Specialst Sc | Т | T E D | | |
| | | | | | | | 713.00 |
| Account No. xxxxxxxx7387 Cda/pontiac Attn: Bankruptcy Po Box 213 Sreator, IL 61364 | | - | Opened 4/01/03 CollectionAttorney Trinity National Emergency Svc | | | | |
| | | | | | | | 115.00 |
| Account No. Chicago Family Health Center 9119 South Exchange Chicago, IL 60617 | | - | due | | | | 792.00 |
| Account No. xxxx5568 Credit Management 4200 International Pwy Carrolton, TX 75007 | | - | Opened 2/01/07 CollectionAttorney Comcast Chicago Seconds - 4000 | | | | 198.00 |
| Account No. xxxxxxxx0893 Custom Coll Srvs Inc 55 E 86th Ave Ste D Merrillville, IN 46410 | | - | Opened 2/01/08 CollectionAttorney Lakeside Radiologists | | | | 300.00 |
| Sheet no1 of _11_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | S (Total of t | ubi | | | 2,118.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| CREDITOR'S NAME, | | 1 | sband, Wife, Joint, or Community | | U | P | |
|--|----------|-------------|---|-------------|-------------|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NT I NG E N | LIQUIDA | U T E | AMOUNT OF CLAIM |
| Account No. xxxxxxxx8903 | | | Opened 12/01/03 | ٦т | T E D | | |
| Dependon Collection Se Attn: Bankruptcy Po Box 4833 Oak Brook, IL 60523 | | - | CollectionAttorney Pathology Associates Of Chicag | | D | | 110.00 |
| Account No. xxxxxxxxxxxx3447 | + | | Opened 10/19/07 Last Active 6/01/08 | + | | H | |
| First Premier Bank Po Box 5524 Sioux Falls, SD 57117 | | _ | CreditCard | | | | 230.00 |
| Account No. xxx7333 | | | Opened 12/01/06 | | | | |
| Firstsource Hc Advanta 1900 West Servers Rd La Porte, IN 46350 | | - | CollectionAttorney Ancilla Hospitals | | | | 345.00 |
| Account No. xxxxxxxxxxxx3679 | + | | due - comcast | + | | | |
| Friedman & Wexler 500 W. Madison St. Suite 2910 Chicago, IL 60661 | | - | | | | | 409.43 |
| Account No. xxxx2901 | + | \vdash | Opened 6/27/05 Last Active 2/14/06 | + | | \vdash | |
| Hertg Accpt 1420 S Michigan South Bend, IN 46556 | | - | Automobile | | | | 6,373.00 |
| Sheet no. 2 of 11 sheets attached to Schedule o | f | _ | | Sub | tots | 1 | |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | Ü | D | |
|--|----------|-------------|---|------------|-----|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBT OR | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | | SPUTED | AMOUNT OF CLAIM |
| Account No. | | | student | T | E | | |
| HESAA PO Box 528 Newark, NJ 07101 | | - | | | D | | 4,012.24 |
| Account No. xxxx8061 | | | Opened 9/01/08 | | | | |
| Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487 | | - | CollectionAttorney St.Francis Hospital | | | | 152.00 |
| Account No. xxxx4038 | | | Opened 5/04/09 | | H | | |
| Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487 | | - | Opened 5/01/08 CollectionAttorney St.Francis Hospital | | | | 99.00 |
| Account No. CP 521 | | | 2004 | | Т | | |
| IRS Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114 | | - | back taxes | | | | 1,866.43 |
| Account No. xxxxxxxxxxxx6556 | | H | Opened 11/01/06 | H | H | | |
| Lvnv Funding Llc Po Box 740281 Houston, TX 77274 | | - | Ge Capital Jc Penney Consumer | | | | 591.00 |
| Sheet no. 3 of 11 sheets attached to Schedule of | | | | Subt | ota | 1 | 6 700 67 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | e) | 6,720.67 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | | Case No | |
|-------|------------|--------|---------|--|
| • | | Debtor | , | |

| CDEDITODIS NAME | С | Hu | sband, Wife, Joint, or Community | Ç | U | D | |
|---|----------|-------------|---|----------|-----------------|----------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | NL I QU I DATED | ISPUTED | AMOUNT OF CLAIM |
| Account No. Jxxxxxxx8716 | | | Opened 12/01/04 CollectionAttorney St Bernard Hospital | Т | T E D | | |
| M3 Financial Services 1127 S Mannheim Rd Ste 1 Westchester, IL 60154 | | - | Concentration of Bernard Hospital | | | | |
| | | | | | | | 707.00 |
| Account No. xxxx2267 | | | Opened 10/01/05 CollectionAttorney St.Margaret Mercy Med Asc | | | | |
| Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068 | | - | | | | | |
| | | | | | | | 228.00 |
| Account No. xxxx2265 | | | Opened 7/01/05 CollectionAttorney St.Margaret Mercy Med Asc | | | | |
| Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068 | | - | | | | | |
| Account No. xxxx2261 | | | Opened 7/01/05 | | | | 217.00 |
| Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068 | | - | CollectionAttorney St.Margaret Mercy Med Asc | | | | 144.00 |
| Account No. xxxx2262 | | | Opened 7/01/05 | | | | 141.00 |
| Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068 | | - | CollectionAttorney St.Margaret Mercy Med Asc | | | | 141.00 |
| Sheet no4 of _11_ sheets attached to Schedule of | <u> </u> | | <u> </u> | ubt | L tota | <u> </u> .l | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of the | | | | 1,434.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | ç | U | D | |
|---|-----------------|-------------|---|----------|-------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | IΩ | SPUTED | AMOUNT OF CLAIN |
| Account No. xxxx2263 | | | Opened 7/01/05 | Ť | T E D | | |
| Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068 | | - | CollectionAttorney St.Margaret Mercy Med Asc | | D | | 127.00 |
| Account No. xx5945 | | | Opened 12/01/05 CollectionAttorney St Margaret Mercy Med Asc | | | | 127.00 |
| Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068 | | - | | | | | |
| | _ | | | | L | | 94.00 |
| Account No. xxxx2264 Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068 | | - | Opened 7/01/05 CollectionAttorney St.Margaret Mercy Med Asc | | | | 94.00 |
| Account No. | 1 | \vdash | medical | | H | | |
| Metro South Medical Center PO Box 2753 Bedford Park, IL 60499-2753 | | - | | | | | 784.42 |
| Account No. xxxxxx0293 | | | Opened 10/01/06 First National Bank Of Marin | | | | 704.42 |
| Midland Credit Mgmt 8875 Aero Dr Ste 200 San Diego, CA 92123 | | - | I II St National Dank Of Watti | | | | |
| | | | | | | | 668.00 |
| Sheet no. <u>5</u> of <u>11</u> sheets attached to Schedule of | f | | S | ub | tota | ıl | 1,767.42 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| CREDITORIS NAME | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|---|----------|-------------|---|-----|--------------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | DALIQUIDATED | I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxx7982 | | | Opened 10/01/04 | Ť | T E | | |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | | - | CollectionAttorney St Margaret Mercy Hosp | | D | | 1,510.00 |
| Account No. xxx3905 | ╁ | | Opened 8/01/05 CollectionAttorney St Margaret Mercy Hosp | | | | 1,010.00 |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | | - | concentration of managements, recep | | | | |
| | | | | | | | 1,167.00 |
| Account No. xxx7687 Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | | - | Opened 7/01/04 CollectionAttorney St Margaret Mercy Hosp | | | | 756.00 |
| Account No. xxx6290 | + | | Opened 1/01/04 | | | | 700.00 |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | | - | CollectionAttorney St Margaret Mercy Hosp | | | | 599.00 |
| Account No. xxx0310 | + | | Opened 8/01/03 CollectionAttorney St Margaret Mercy Hosp | | | \vdash | |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | | - | ConectionAttorney St Margaret Mercy Hosp | | | | 463.00 |
| Sheet no. <u>6</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub | | | 4,495.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| | С | Ни | sband, Wife, Joint, or Community | С | U | Ь | |
|---|----------|------------------|---|------------|-----------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COZHLZGWZH | NL - QU - DATED | ISPUTED | AMOUNT OF CLAIM |
| Account No. xxx5704 | | | Opened 7/01/04 | Т | T E | | |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | | - | CollectionAttorney St Margaret Mercy Hosp | | D | | 443.00 |
| Account No. xxx7112 | ╁ | | Opened 8/01/04 | _ | | ┢ | |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | - | - | CollectionAttorney St Margaret Mercy Hosp | | | | 270.00 |
| | | | | _ | | | 379.00 |
| Account No. xxx2436 Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | _ | - | Opened 9/01/03 CollectionAttorney Emerg Rm Phys | | | | 147.00 |
| Account No. xxx4228 | | | Opened 8/01/04 | | | | |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | | - | CollectionAttorney St Margaret Mercy Hosp | | | | 146.00 |
| Account No. xxx5572 | ╁ | | Opened 11/01/03 | + | \vdash | \vdash | |
| Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219 | - | _ | CollectionAttorney Emerg Rm Phys | | | | 143.00 |
| Sheet no7 _ of _11 _ sheets attached to Schedule of | _ | | | Sub | tota | ıl | 4.250.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 1,258.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| CDEDITORICALA | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|---|----------|-------|---|----------|-----------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | СОПШВНОК | H W J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTLNGEN | NL - QU - DATED | S P | AMOUNT OF CLAIM |
| Account No. xxxx8637 | | | Opened 8/01/06 | Т | T E | | |
| NCO - MedcIr 507 Prudential Rd Horsham, PA 19044 | | - | Med1 02 Gregory Emergency Physicians | | D | | 251.00 |
| Account No. xxxx2894 | | | Opened 12/01/07 | | | ┢ | 20.100 |
| NCO - Medcir 507 Prudential Rd Horsham, PA 19044 | | - | Med1 02 Crandon Emergency Physicians | | | | 204.00 |
| | | | | | | | 201.00 |
| Account No. xxxx2160 NCO - Medcir 507 Prudential Rd Horsham, PA 19044 | | - | Opened 2/01/06 Med1 02 Gregory Emergency Physicians | | | | 158.00 |
| Account No. xxxx8638 | | | Opened 8/01/06 | | | | |
| NCO - Medcir 507 Prudential Rd Horsham, PA 19044 | | - | Gregory Emergency Physicians | | | | 43.00 |
| Account No. xxxx5308 | | | Opened 5/01/07 | | | \vdash | |
| NCO Financial Systems 507 Prudential Rd Horsham, PA 19044 | | - | Nco/Asgne Of Capital One | | | | 1,885.00 |
| Sheet no. 8 of 11 sheets attached to Schedule of | | | | Sub | | | 2 538 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 2,538.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No | |
|-------|------------|----------|--|
| _ | | Debtor , | |

| | С | Нп | sband, Wife, Joint, or Community | С | U | D | |
|---|----------|-------------|---|------------|-----------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGEN | NL - QU - DATED | SPUTED | AMOUNT OF CLAIM |
| Account No. xxx9317 | | | Nco Assignee Of Verizon Ws | Т | E | | |
| NCO Financial Systems 507 Prudential Rd Horsham, PA 19044 | | - | | | D | | 1,316.00 |
| Account No. xxxxxx5057 | ┢ | | Opened 2/01/06 | | | | |
| Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008 | | - | CollectionAttorney Consultant Radiologists Of Eva | | | | |
| | | | | | | | 233.00 |
| Account No. xx7976 Oac Po Box 371100 Milwaukee, WI 53237 | | - | Med1 02 Radiology Assoc Of Milwaukee | | | | 221.00 |
| Account No. xxxxx1279 Premier Credit Corpora 2773 Remico St Sw Wyoming, MI 49519 | | _ | Opened 7/01/08 CollectionAttorney South Shore Hospital | | | | 699.00 |
| Account No. xxxx5313 Premier Credit Corpora 2773 Remico St Sw Wyoming, MI 49519 | | _ | Opened 2/01/07 CollectionAttorney South Shore Hospital | | | | 588.00 |
| Sheet no. 9 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | S (Total of t | ubt nis | | | 3,057.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | | Case No. | |
|-------|------------|--------|----------|--|
| | | Debtor | , | |

| | l c | Ни | sband, Wife, Joint, or Community | C | U | D | |
|---|------------|----------|---|------------|-----------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J C H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COZH-ZGEZH | NL - QU - DATED | SPUTED | AMOUNT OF CLAIM |
| Account No. x7137 | | | City Of Calumet City Amb | Ť | T E | | |
| Receivables Management Inc. (RMI)/ Mortg Attn: Bankruptcy 3348 Ridge Rd Lansing, IL 60438 | | - | | | D | | 199.00 |
| Account No. xxRxxxxxxxx8360 | | | Opened 9/01/07 | | | | |
| Rjm Acq Llc 575 Underhill Blvd Ste 2 Syosset, NY 11791 | | - | Washington Mutual Checking Acc | | | | 322.00 |
| Account No. xxxxxxx524-1 | | | student loan | + | | | |
| Sallie Mae P.O. Box 11569 Killeen, TX 76547-1569 | | - | | | | | 2,938.88 |
| Account No. Dxxxx448N1 | | | Opened 1/01/06 | \top | | | |
| Senex Services Corp 3500 Depauw Blvd Ste 3050 Indianapolis, IN 46268 | | - | CollectionAttorney Little Company Of Mary Hospita | | | | 883.00 |
| Account No. xxxxx5684 | lacksquare | \vdash | Opened 10/08/08 Last Active 1/01/09 | + | \vdash | _ | |
| State Of Nj Highed Ed Cn 548 Trenton, NJ 08625 | - | - | GovernmentSecuredGuaranteeLoan | | | | 3,336.00 |
| Sheet no. 10 of 11 sheets attached to Schedule of | - | _ | 1 | Sub | tota | ıl | 7,678.88 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 1,010.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Terri Rice | Case No. |
|-------|------------|----------|
| - | | Debtor |

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|---|----------|----|------------------------------------|-----------|------|---------------|-----------|-----------------|
| CREDITOR'S NAME, | CODEBTOR | - | lusband, Wife, Joint, or Community | CONT | N | D I S P U T E | 1 | |
| MAILING ADDRESS | E | H | DATE CLAIM WAS INCURRED AND | I N | ŀ | S | | |
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER | ВТ | J | CONSIDERATION FOR CLAIM. IF CLAIM | 11 | Q | ۱۲ | <u> </u> | AMOUNT OF CLAIM |
| (See instructions above.) | Ö | C | | Ğ | Ĭ | Ė | | AMOUNT OF CLAIM |
| | R | L | | N G E N T | A | | ľ | |
| Account No. RICE0655 | | | | T | ΙT | | | |
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| the orsini group | | | | | | | | |
| 2462 delta lane | | - | | | | | | |
| Elk Grove Village, IL 60007 | | | | | | | | |
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| | | 1_ | | | _ | | + | |
| Sheet no. 11 of 11 sheets attached to Schedule of | | | | Sub | | | | 37.20 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | | J1.20 |
| | | | | , | Γota | al | ſ | |
| | | | (Donort on Cumarian of C | | | | | 42,642.37 |
| | | | (Report on Summary of S | cne | JUI | es) | L | .2,0 .2.01 |

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B6G (Official Form 6G) (12/07)

| In re | Terri Rice | Case No |
|-------|------------|---------|
| _ | | |
| | | Debtor |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Shane Wade Parker 303 East 136nd Place F Chicago, IL 60827 year lease

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B6H (Official Form 6H) (12/07)

| In re | Terri Rice | Case No. |
|-------|------------|----------|
| | | Debtor, |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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B6I (Official Form 6I) (12/07)

| In re | Terri Rice | | Case No. | |
|-------|------------|-----------|----------|--|
| | | Debtor(s) | _ | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status: | DEPENDENTS OF DE | DEPENDENTS OF DEBTOR AND SPOUSE | | | | | |
|--|---|----------------------------------|---------------------------------|--|--|--|--|
| Married | RELATIONSHIP(S): Son | AGE(S): 9 | | | | | |
| Mairieu | CON | | | | | | |
| Employment: | DEBTOR | SPOUSE | | | | | |
| Occupation | Custodian | | | | | | |
| Name of Employer | City Chicago Department of General Serv | | | | | | |
| How long employed | 4 years | | | | | | |
| Address of Employer | 30 N Lasalle Chicago, IL 60602 | | | | | | |
| INCOME: (Estimate of aver | rage or projected monthly income at time case filed) | DEBTOR | SPOUSE | | | | |
| | ry, and commissions (Prorate if not paid monthly) | \$ 2,305.16 | \$ N/A | | | | |
| 2. Estimate monthly overtime | e | \$ <u> </u> | \$ <u>N/A</u> | | | | |
| 3. SUBTOTAL | | \$ | \$ N/A | | | | |
| 4. LESS PAYROLL DEDUC | CTIONS | | | | | | |
| a. Payroll taxes and soc | | \$ 242.74 | \$ N/A | | | | |
| b. Insurance | and security | \$ 178.26 | \$ N/A | | | | |
| c. Union dues | | \$ 0.00 | \$ N/A | | | | |
| d. Other (Specify): | | \$ 0.00 | \$ N/A | | | | |
| | | \$ 0.00 | \$ N/A | | | | |
| 5. SUBTOTAL OF PAYROI | LL DEDUCTIONS | \$ <u>421.00</u> | \$ N/A | | | | |
| 6. TOTAL NET MONTHLY | TAKE HOME PAY | \$1,884.16_ | \$ N/A | | | | |
| 7. Regular income from oper | ration of business or profession or farm (Attach detailed statement | 9) \$ 0.00 | \$ N/A | | | | |
| 8. Income from real property | | \$ 0.00 | \$ N/A | | | | |
| 9. Interest and dividends | | \$ 0.00 | \$ N/A | | | | |
| dependents listed above | | at of \$ | \$ N/A | | | | |
| 11. Social security or govern | ment assistance | Φ 0.00 | D 1/A | | | | |
| (Specify): | | \$ <u>0.00</u> \$ 0.00 | \$ <u>N/A</u> \$ N/A | | | | |
| 12 B : : | | \$ <u>0.00</u> \$ 0.00 | \$ <u>N/A</u> \$ N/ A | | | | |
| 12. Pension or retirement inc13. Other monthly income | come | \$ | \$ N/A | | | | |
| | - christ universal temple | \$ 217.00 | \$ N/A | | | | |
| (Specify). <u></u> | onnot univolous tompio | \$ 0.00 | \$ N/A | | | | |
| | | | | | | | |
| 14. SUBTOTAL OF LINES | 7 THROUGH 13 | \$\$ | \$ N/A | | | | |
| 15. AVERAGE MONTHLY | INCOME (Add amounts shown on lines 6 and 14) | \$\$ | \$\$ N/A | | | | |
| 16. COMBINED AVERAGE | E MONTHLY INCOME: (Combine column totals from line 15) | \$ | 2,101.16 | | | | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

| In re | Terri Rice | | Case No. | |
|-------|------------|-----------|----------|---|
| | | Debtor(s) | _ | - |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

arage or projected monthly expe

| filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22 | The averag | |
|---|---------------|---------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse." | ete a separat | e schedule of |
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 700.00 |
| a. Are real estate taxes included? Yes No _X_ | · | _ |
| b. Is property insurance included? Yes NoX | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 300.00 |
| b. Water and sewer | \$ | 0.00 |
| c. Telephone | \$ | 0.00 |
| d. Other Cell Phone | \$ | 80.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 0.00 |
| 4. Food | \$ | 450.00 |
| 5. Clothing | \$ | 50.00 |
| 6. Laundry and dry cleaning | \$ | 100.00 |
| 7. Medical and dental expenses | \$ | 100.00 |
| 8. Transportation (not including car payments) | \$ | 150.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 50.00 |
| 10. Charitable contributions | \$ | 60.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | 0.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 0.00 |
| d. Auto | \$ | 0.00 |
| e. Other | \$ | 0.00 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | 0.00 |
| b. Other | \$ | 0.00 |
| c. Other | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other Child Care | \$ | 100.00 |
| Other Personal Grooming | \$ | 70.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | 2,210.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| 20. STATEMENT OF MONTHLY NET INCOME | _ | |
| a. Average monthly income from Line 15 of Schedule I | \$ | 2,101.16 |
| b. Average monthly expenses from Line 18 above | \$ | 2,210.00 |
| c. Monthly net income (a. minus b.) | \$ | -108.84 |
| | | |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Terri Rice | | | Case No. | |
|-------|--------------------------------|---------------|----------------------------------|---------------|------|
| | | | Debtor(s) | Chapter | 7 |
| | | | | | |
| | DECLARATIO | ON CONCERN | NING DEBTOR | R'S SCHEDUL | ES |
| | DECLARATION UNI | DER PENALTY (| OF PERJURY BY I | INDIVIDUAL DE | BTOR |
| | I declare under penalty of per | . • | | • | _ |
| Date | March 9, 2009 | Signature | /s/ Terri Rice Terri Rice Debtor | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Terri Rice | | Case No. | |
|-------|------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|-------------|------------------------------|
| \$5,614.00 | 2009 YTD: Husband job |
| \$23,318.00 | 2008: Husband job |
| \$23,074.58 | 2007: Husband job |
| \$651.00 | 2009 YTD: Husband church job |
| \$1,750.00 | 2008: Husband church job |
| \$800.00 | 2007: Husband church job |

2. Income other than from employment or operation of business

None

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL OF CREDITOR **PAYMENTS** AMOUNT PAID **OWING**

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT DATES OF PAID OR PAYMENTS/ VALUE OF AMOUNT STILL NAME AND ADDRESS OF CREDITOR **TRANSFERS TRANSFERS OWING**

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL AMOUNT PAID

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT 4. Suits and administrative proceedings, executions, garnishments and attachments

None

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR NATURE OF PROCEEDING AND CASE NUMBER AND LOCATION DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

OWING

2

3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION. FORECLOSURE SALE. DESCRIPTION AND VALUE OF TRANSFER OR RETURN **PROPERTY**

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE ASSIGNMENT TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

filed.)

NAME AND LOCATION

NAME AND ADDRESS OF COURT DATE OF DESCRIPTION AND VALUE OF

OF CUSTODIAN CASE TITLE & NUMBER ORDER **PROPERTY**

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

AMOUNT OF MONEY

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Robert J. Semrad and Associates 407 S Dearborn Suite 600 Chicago, IL 60605

DATE OF PAYMENT. NAME OF PAYOR IF OTHER THAN DEBTOR 3-2

OR DESCRIPTION AND VALUE OF PROPERTY 1800

NAME AND ADDRESS
OF PAYEE

Money Management International Inc
9009 W. Loop South 7th Fl

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 3/2 AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

50

9009 W. Loop South 7th FI Houston, TX 77096

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

DESCRIPTION AND VALUE OF PROPERTY

NAME AND ADDRESS OF OWNER

LOCATION OF PROPERTY

5

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Tishida Evans

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

BEGINNING AND NATURE OF BUSINESS ENDING DATES

6

NAME (ITIN)/ COMPLETE EIN ADDRESS

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

of account and records, or prepared a financial statement of the debtor

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

7

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE

NAME AND ADDRESS

TITLE

OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

ADDRESS NAME DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year

immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT. RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated

group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

8

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | March 9, 2009 | Signature | /s/ Terri Rice | |
|------|---------------|-----------|----------------|--|
| | | | Terri Rice | |
| | | | Debtor | |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

| | | Not then Dis | trict or minor | 3 | |
|------------------------|---|--|-------------------------------------|--------------------------------------|------------------------------------|
| In re Terr | i Rice | | | Case No. | |
| | | I | Debtor(s) | Chapter | 7 |
| | Debts secured by prope | 7 INDIVIDUAL DEBTO | nust be fully co | | NTION CH debt which is secured by |
| Property No. | . 1 | |] | | |
| Creditor's N -NONE- | Name: | | Describe Prop | erty Securing Deb | t: |
| Property will Surre | l be (check one): indered | ☐ Retained | | | |
| □ Rede | he property, I intend to (em the property Firm the debt Explain | check at least one): (for example, avo | oid lien using 11 | U.S.C. § 522(f)). | |
| Property is (| check one): ned as Exempt | | ☐ Not claimed | as exempt | |
| | onal pages if necessary.) | to unexpired leases. (All three | columns of Part | B must be complete | ed for each unexpired lease. |
| Lessor's Nar -NONE- | me: | Describe Leased Pro | operty: | Lease will b U.S.C. § 36 □ YES | be Assumed pursuant to 11 5(p)(2): |
| | perty subject to an une | | intention as to a /s/ Terri Rice | • | |
| | | | Terri Rice | | |

Debtor

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United States Bankruptcy Court
Northern District of Illinois

| In re | Terri Rice | | Case No. | | |
|--------|---|--|---|---------------------------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMP | ENSATION OF ATTOI | RNEY FOR DI | EBTOR(S) | |
| C | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy compensation paid to me within one year before the per rendered on behalf of the debtor(s) in contemplation | filing of the petition in bankruptcy | y, or agreed to be pa | id to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 1,800.00 | |
| | Prior to the filing of this statement I have received | ed | \$ | 1,800.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. TI | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. ■ | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | |
| [| ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the state of the sta | | | | |
| 5. I | In return for the above-disclosed fee, I have agreed to | render legal service for all aspect | ts of the bankruptcy | case, including: | |
| b c | Analysis of the debtor's financial situation, and report of the Preparation and filing of any petition, schedules, see Representation of the debtor at the meeting of credit. [Other provisions as needed] | statement of affairs and plan which | may be required; | | |
| 6. B | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any | | | es. | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement for | payment to me for r | epresentation of the debtor(s) in | |
| Dated: | : March 9, 2009 | /s/ Robert J Semi | rad | | |
| | | Robert J Semrad Robert J. Semrad 407 S Dearborn Suite 600 Chicago, IL 60609 (312) 913 0625 Frsemrad @robert | d and Associates 5 Fax: (312) 913 063 | 1 | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

B 201 (12/08) Page 2

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Robert J Semrad 6226455 | X /s/ Robert J Semrad | March 9, 2009 |
|---|------------------------------------|---------------|
| Printed Name of Attorney | Signature of Attorney | Date |
| Address: | | |
| 407 S Dearborn | | |
| Suite 600 | | |
| Chicago, IL 60605 | | |
| (312) 913 0625 | | |
| rsemrad@robertjsemrad.com | | |
| Ce | ertificate of Debtor | |
| I (We), the debtor(s), affirm that I (we) have rece | ived and read this notice. | |
| Terri Rice | X /s/ Terri Rice | March 9, 2009 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |
| | Signature of Joint Debtor (if any) | Date |

United States Bankruptcy Court Northern District of Illinois

| Northern District of Illinois | | | | | |
|-------------------------------|---|---|-------------------|---------------------------|--|
| In re | Terri Rice | | Case No. | | |
| | | Debtor(s) | Chapter | 7 | |
| | • | VERIFICATION OF CREDITOR N | MATRIX | | |
| | | Number o | f Creditors: | 57 | |
| | The above-named Debtor (our) knowledge. | (s) hereby verifies that the list of cred | itors is true and | correct to the best of my | |
| | | | | | |

Afni, Inc. Attn: DP Recovery Support Po Box 3427 Bloomington, IL 61702

American Collections 919 Estes Ct Schaumburg, IL 60193

Blue Cross and Blue Sheid of Illino c/o Healthcare Recoveries Louisville, KY 40233

Calvary Portfolio Services Attention: Bankruptcy Department Po Box 1017 Hawthorne, NY 10532

Cda/pontiac Attn: Bankruptcy Po Box 213 Sreator, IL 61364

Cda/pontiac Attn: Bankruptcy Po Box 213 Sreator, IL 61364

Chicago Family Health Center 9119 South Exchange Chicago, IL 60617

Credit Management 4200 International Pwy Carrolton, TX 75007

Custom Coll Srvs Inc 55 E 86th Ave Ste D Merrillville, IN 46410

Dependon Collection Se Attn: Bankruptcy Po Box 4833 Oak Brook, IL 60523 First Premier Bank Po Box 5524 Sioux Falls, SD 57117

Firstsource Hc Advanta 1900 West Servers Rd La Porte, IN 46350

Friedman & Wexler 500 W. Madison St. Suite 2910 Chicago, IL 60661

Hertg Accpt 1420 S Michigan South Bend, IN 46556

HESAA PO Box 528 Newark, NJ 07101

Illinois Collection Se 8231 W. 185th St. Ste. 100 Tinley Park, IL 60487

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IRS Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114

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M3 Financial Services 1127 S Mannheim Rd Ste 1 Westchester, IL 60154

Medical Business Burea 1460 Renaissance Dr Park Ridge, IL 60068

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Metro South Medical Center PO Box 2753
Bedford Park, IL 60499-2753

Midland Credit Mgmt 8875 Aero Dr Ste 200 San Diego, CA 92123 Mutual Hsp Srvcs In 2525 N Shadeland Ave Ste Indianapolis, IN 46219

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Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008

Oac Po Box 371100 Milwaukee, WI 53237

Premier Credit Corpora 2773 Remico St Sw Wyoming, MI 49519

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Receivables Management Inc. (RMI) / Mortg Attn: Bankruptcy 3348 Ridge Rd Lansing, IL 60438

Rjm Acq Llc 575 Underhill Blvd Ste 2 Syosset, NY 11791 Sallie Mae P.O. Box 11569 Killeen, TX 76547-1569

Senex Services Corp 3500 Depauw Blvd Ste 3050 Indianapolis, IN 46268

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